

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
 (FOR USE WITH FORM PTO-879)

Serial No. 10/578187 FILING DATE 10/578187

CLAIMS			CLAIMS		
AS FILED	AFTER	AFTER	AS FILED	AFTER	AFTER
IND. DEP.	IND. DEP.	IND. DEP.	IND. DEP.	IND. DEP.	IND. DEP.
1			1		
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50			50		
TOTAL			TOTAL		
IND. DEP.	IND. DEP.	IND. DEP.	IND. DEP.	IND. DEP.	IND. DEP.
TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
100	100	100	100	100	100